## Application Number Filing Date **CLAIMS ONLY** Applicant(s) May be used for additional claims or amendments CLAIMS AFTER FIRST AMENDMENT AS FILED AFTER SECOND **AMENDMENT** Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend 23 77 Total Total Indep Indep Total Total Depend Depend Total √otal Claims Claims